Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16-30, 2007.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

PAGE 02/04

Application for Fede	ral Assis	tance SF-424		Version 02	
1. Type of Submission: Preapplication Application Changed/Corrected Appl	Preapplication New				
* 3. Date Received:		4. Applicant Iden(Ifier:			
Completed by Grants.gov upon su	ibmission.	43462]	
5a, Federal Entity Identifier:		,	• 5b. Federal Award Identifier:		
State Use Only:					
6. Date Received by State:		7. State Applicatio	n Identifier:	-1	
8. APPLICANT INFORMAT	ΓΙΟΝ;			RECEIVED	
* a. Legal Name: The Reg	ents of the L	Iniversity of California		NOV 1 6 2007	
* b. Employer/Taxpayer Ide	ntification N	umber (EIN/TIN);	* c. Organizational DUNS:		
95-2226406			046705849	STATE CLEARING HOUSE	
d. Address:				and the state of t	
* Street1: 300 U	Iniversity Tov	wer			
Street2:					
* City: Irvine			***************************************		
County:					
* State:			CA: California		
Province:		Annual Property and Control of the C			
* Country;			USA: UNITED STATES		
	7-7600				
e. Organizational Unit:					
Department Name:			Division Name:		
Office of Research Adminis	(r.				
f. Name and contact infor	rmation of ;	person to be contacted on	matters involving this application:		
Prefix: Ms.		* First Nam	ne; Gillian		
Middle Name:					
*Last Name: Fischer	SAN THE STAN OF				
Suffix:					
Title: Contract & Grant Off	ficer		The state of the s		
Organizational Affiliation: The Regents of the University	ty of Californ	nia			
* Telephone Number: 949-	824-2644		Fax Number;		
* Email: gfischer@uci.ed	u				
		1 1110			

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type;	
H: Public/State Controlled Institution of Higher Education	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
National Oceanic and Almospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
Coastal Sarvices Center	
Coastal Services Center	
* 12. Funding Opportunity Number:	
NOS-GSC-2008-2001090	
* Title:	
FY 2008 Oceans and Human Health Initiative, External Grants Program	
13. Competition Identification Number:	
2076771	
Title:	
At Anna Arabatha Ballat (Older Annata Anna Anna Anna Anna Anna Anna An	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
* 15. Descriptive Title of Applicant's Project:	
Recreational Iliness and Pathogen Surveillance in the Southern California Coastal Ocean	
Attach supporting documents as specified in agency instructions.	
ACCURATE CHICAGO CONTROL CONTR	
Company of the Compan	

Application for Federal	Assistance SF-424	Version
16. Congressional Districts C)f;	
* a. Applicant CA-048		* b. Program/Project CA-048
Attach an additional list of Prop	gram/Project Congressional Districts if r	needed.
	Add Attachment 2 134-1	apine i displacional Miles Additional Medical Medical
17. Proposed Project:		
* a. Start Date: 07/01/2008]	b. End Date: 06/30/2010
18. Estimated Funding (\$):		
* a. Faderal	260,540.00	
* b. Applicant	0.00	
* c. State	0.00	
r d. Local	0.00	
e. Other	0,00	
* f. Program Income	0.00	
g. TOTAL	260,540,00	
l <u> </u>	uent On Any Federal Debt? (If "Yes"	", provide explanation.)
Yes Vo	begreen a kun	
herein are true, complete an comply with any resulting to may subject me to criminal, I AGREE	id accurate to the best of my knowle irms If I accept an award. I am award civil, or administrative penalties. (U	entained in the fiet of certifications** and (2) that the statements edge. I also provide the required assurances** and agree to that any false, fictitious, or fraudulent statements or claims U.S. Code. Title 218, Section 1001)
Authorized Representative:		
Prefix: Ms.	* First Name	e: Gillen
Middle Name:		
* Last Name; Fischer		
Şuffix;		
* Title: Contract and Grant O	flicer	
*Telephone Number: 949-824	-2844	Fax Number:
• Email; gflscher@ucl.edu		
* Signature of Authorized Repre	esentative; Completed by Granis.gov upon	submission. Date Signed: Completed by Grants, gov upon submission.

APPLICATION FOR	*				Varsion 7/03	
FEDERAL ASSISTANCE	Ē	2. DATE SUBMITTED		Applicant Ider	Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	lon Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fler	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational Unit	:		
Tuolumne Utilities District			Department		ANIAL MILANDON CONTROL	
Organizational DUNS:			Division:			
07-187-1248 Address:			Name and telephon	e number of pe	reon to be contacted on matters	
Street:			involving this appli	cation (give are		
18885 Nugget Blvd.			Prefix: (209) 532-5536 x520	First Name: Erik		
City: Sonora			Middle Name Daniel		*	
County: Tuolumne			Last Name Johnson			
State: California	Zip Code 95370		Suffix:		- The state of the	
Country: United States of America			Email: erikj@tuolumneutliltl	as com		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give		Fax Number (give area code)	
77-0313842	[]		(209) 532-5536 ext.	520	(209) 535-6485	
8. TYPE OF APPLICATION:		•	7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)	
If Revision, enter appropriate le	w Continuation	on 🔲 Revision	G: Special District			
(See back of form for description	n of letters.)		Other (specify)			
Other (specify)	. Ц		9. NAME OF FEDERAL AGENCY: USDA Rural Development			
10, CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
		10-760	Big Hill Water System Improvements: West Big Hill Water Distribution -			
TITLE (Name of Program):			Phases 1, 2, & 3, (se	e attached proje	ect namative)	
Water and Wasto Disposal Loz		s, States, etc.):	-		1	
Unincorporated areas of Tuolu						
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:	
Start Date: 1-31-08	Ending Date: 01-31-10		e. Applicant 19th (Nineteenth)		b. Project 19th (Nineteenth)	
15. ESTIMATED FUNDING:	010110		16. IS APPLICATION		REVIEW BY STATE EXECUTIVE	
e, Federal		<u></u>	ORDER 12372 PROC	777	VAPPLICATION WAS MADE	
b. Applicant		2,468,018 w	AVAILA		ATE EXECUTIVE ORDER 12372	
		21,818				
c. State Ce. Prop. 13		800,854	DATE: I	November 8, 200	07	
d. Local		.	b. No. I PROGR	AM IS NOT COV	ÆRED BY E. O. 12372	
e. Other	i	NO.	OR PRO		T BEEN SELECTED BY STATE	
f. Program Income					NT ON ANY FEDERAL DEBT?	
g. TOTAL		3,290,690	Yes If 'Yes' attac	h an explanation	1. Z No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF			RUE AND CORRECT. THE INT WILL COMPLY WITH THE	
a. Authorized Representative			h Al el el el	Nama		
	First Name Peter		J.	e Name		
Last Name Kampa			Suffix			
b. Title General Manager		DEOE	(Z09)	ophone Number 532-5536	(give area code)	
d. Signature of Authorized Rapi	esentative	HEUEIV		to Signed	-14-07	
Previous Edition Usable		NOV 1 6 2	007		Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproduct	ion	1107 102	.00.7		Prescribed by OMB Circular A-102	
		STATE CLEARING	HOUSE		•	

Application for Federal Assistance 8F-424 Version 02						
* 1. Type of Submission: *2. Type of Application:	* If Revision, select appropriate letter(a):					
Preapplication						
✓ Application ☐ Continuation	* Other (Specify)					
☐ Changed/Corrected Application ☐ Revision						
* a. Date Received: 4. Applicant Identifier:						
Completed by Grants.gov upon aubmission.						
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:	DEOEN/ED				
		RECEIVED				
State Use Only:		NOV 1 9 2007				
6. Date Redelved by State; 7. State Application						
8. APPLICANT INFORMATION:	ST	TATE CLEARING HOUSE				
* a. Legal Name: CALIFORNIA PUBLIC UTILITIES COMMISSION						
b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:					
94-3031353	947393922					
d. Address:						
* Street1: 505 Van Ness Ave.						
Street2:						
* City: San Francisco						
County: San Francisco						
* State:	CA: California					
Province:						
* Country:	USA: UNITED STATES					
* Zip / Poetal Code: 94102						
e. Organizational Unit:						
Department Name:	Division Name:					
CALIFORNIA PUBLIC UTILITIES CO	Consumer Protection&Safety Div					
f. Name and contact information of person to be contacted on	matters involving this application:					
Prefix: Mr. * First Nar	ne: Raffy					
Middle Name:						
* Last Name: Stepanlan						
Suffix:						
Title: Program Manager						
Organizational Affiliation:						
* Telephone Number: 213-576-7019 Fax Number:						
* Email: RST@opuo.ca.gov						

Application for Federal Assistance SF-424 Vers	sion 02
9. Type of Applicant 1: Select Applicant Type:	
A: State Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (epecify):	
* 10. Name of Federal Agency:	
Pipeline &Hazardous Material Safety Administration	
11. Catalog of Federal Domestic Assistance Number:	
20.700	
CFDA Title:	
Pipeline Safety	
* 12. Funding Opportunity Number:	
PHMSA-PHP-ONECALL	
*Title:	
PHMSA Pipeline State Program One Call Grant	
13. Competition Identification Number:	
Title:	
	j
14. Areas Affected by Project (Cities, Countles, States, etc.):	
15. Descriptive Title of Applicant's Project:	
CALIFORNIA PUBLIC UTILITIES COMMISSION One Call Projects	
Attach supporting documents as specified in agency instructions.	
Aus Austrianisms Dalvis Austrinants Was Albannants	

Application f	or Federal Assista	nce SF-424			Version 02
16. Congression	al Districts Of:				
* a. Applicant	12		* b. Program/Pro	Jeat CA-ALL	
Attach an addition	nal list of Program/Projec	t Congressional Districts if n	eeded.		
		Add Anaoldiant Dis	ke Akselment View Attachinent		
17. Proposed Pr	oject:				
* a. Start Date:	01/01/2008		* b. End 0	Date: 12/31/2008	
18. Estimated Fu	unding (9):				
* a. Federal		50,000.00			
* b. Applicant		0.00			
* c. State		0.00			
* d. Local		0.00			
* e. Other		0.00			
*f. Program Inco	те	0.00			
∞ g. TOTAL		50,000.00			
21. *By signing therein are true, a comply with any may subject me with the significant of the significant o	his application, I certify complete and accurate resulting terms if I ac to oriminal, civil, or addications and assurances	to the best of my knowle cept an award. I am aware ministrative penaltice, (U.	provide explanation.) tained in the list of certifications dge. I also provide the required that any false, fictitious, or fra S. Code, Title 218, Section 1001; but may obtain this list, is contained.	assurances** and agree to udulent statements or claims	
specific instruction					···
Authorized Repr	1.000		[o	<u>-</u>	
_	Ar	* First Name:	Sunil		
Middle Name:	shari	_			•
* Last Name: S			**		
	Carlaca	<u> </u>			
	Engineer				
	Der: 415-703-2407		Fax Number: 416-703	5-1891 	
* Email: SKS@	vog.so.ouqo				
* Signature of Auth	horized Representative:	Completed by Grants.gov upon s	ubmission. * Date Signed: Com	pleted by Granta.gov upon aubmission.	

Authorized for Local Reproduction

Application for Federal Assis	slanca SF-424			Version 02
↑ 1. Type of Submission: ☑ Preapplication ☐ Application ☐ Changed Corrected Application	*2. Type of Application: Now Communion Revision	* If Ravision, t	soloct appropriati	o latter(s):
* 3. Date Received; Completed by Grame governor submission.	4. Applicant Identifier:			RECEIVED
So. Federal Entity Identifier:		* Sb. Fode	ral Award Ident	
State Use Only:			144-11	STATE CLEARING HOUSE
G. Date Received by State:	7. State Applicat	on Identifier:		
8. APPLICANT INFORMATION:				
* a. Legal Name: Resource Conserva	ssion District of Santa Cruz C	County		
b. Employer/Taxpayar identification !	Number (EIN:TIN):	° c. Organ	izational DUNS	:
94-6000-534		14620087-	4	
d. Addrass;				
Street: 820 Bay Avenue Street2: City: Capito'a County. State: Province:	a, Sulfe 126	C	A: Cablemia	
* Country:		USA: UNITED	STATES	
* Zip / Postal Code: PS010				
e. Organizational Unit:		(1997) A-4-13	1 California (177) 2 California	
Department Name:		Division N N/A	amo:	
f. Name and contact information of	person to be contacted or	n malters invo	lving this oppi	cation:
Proto: Ms. Lindie Name: Christensen Sullic	* First No	Smo: Karon		
Title: Executive Director				
Organizational Affiliation;				
*Telephona Number: 831 464-2050			Fax Number:	831 475-3215
↑ Email: kchilstenson ©rcdsantacru	iz.org			

Application for Federal Assistance SF-424	Version 02
0. Type of Applicant 1: Select Applicant Type:	V
D. Special Diginal Government	ar name on the Proof to the Company of the Company
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3; Select Applicant Type:	
* Other (specify):	i
10. Name of Federal Agency:	
Environmental Protection Agency	
11. Catalog of Federal Domostic Assistance Number:	Prince American Service
95,439	
CFDA Tillin:	
Torgeted Watersheds Grants	
	4.5.116.41.41.11.1.41.41.4
* 12. Funding Opportunity Number:	
EPA-R9-W 180-07-006	
' Tire;	·
West Coast Estuaries imitative for the California Coast	
	!
13. Competition Identification Number:	
701-VV(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Talle:	
	1
	ļ
14. Aroas Allected by Project (Citios, Counties, States, atc.);	
Senta Cruz County, Californ's	
	ļ
15. Descriptive Title of Applicant's Project:	
Reduce Political Fluralita Rivers, Lagoons and Ocean Beaches in Santa Cruz County	
Atrasti supporting documents as specified in rigericy instructions,	
Add Attachments Delete Attachments View Attachments	

Application for Federal	Assistance SF-424		Version 02
16. Congressional Districts Of	;		
a. Applicant 17, 14		b. Program/Project 17,14	
Attach an additional list of Progr	am/Project Congressional Districts if ned	લંબ્લે.	
	Add Attachmont Leaf to	$(x_1, x_2, \dots, x_n) = \frac{1}{2} (x_1, x_2, \dots, x_n, \dots, x_n, \dots, x_n)$	
17. Proposed Project:			
* a. Start Date: 00/31/2008		* 5. End Date: DV/30/2018	
18. Estimated Funding (\$):			
* a. Fode rel	1,000,000,00		
b. Applicant	291,944,00		
* c. Stato	743,250.00		
*d. Local	0.00		
* o. Other	0.00		
1. Program Income	0,00		
g. TOTAL	2,035,200,00		
21. *By signing this application to the complete and complete and comply with any resulting tor	accurate to the best of my knowled	ined in the list of conflications" and (2) that the statements go, I also provide the regulard assurances" and agree to that any laise, ficillious, or fraudulent statements or claims	
☑ "INCREE			
** The list of certifications and a specific instructions.	useurances, or an internet site where you	a may obtain this list, is contained in the announcement or agency	
Authorized Representative:			-
Profix Ms. Middle Name: Christenson Suffix	• First Name:	Koren	
*Tida: Executivo Director			
*Telephone Number: 631 464	2050	Fax Number: 831 475-3215	
*Email; kehrlstensen Oredsa	ntacruz.org		i
*Signature of Authorized Repre	sontativa: [Automotive Automotive]	* Date Signed: Competed by Grants gav upon submission.	11/16/07

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUB	MITTED		Applicant Identifier			
SF 424 (R&R)	3. DATE REC	EIVED BY STAT		State Application Idea	ntifler		
1. TYPE OF SUBMISSION	4 Fordered 14	4 Padago) Magalifica					
Pre-application Application Changed/Corrected Application	4. Federal Ide	entiner		REC	FIVED		
5. APPLICANT INFORMATION		- 01	ganizational C	DUNS: 808034461			
* Legal Name: Silk Software Corp				NOV 2	2 1 2007		
Department:	Division:		A-100-10-10-10-10-10-10-10-10-10-10-10-10	STATE CLE			
* Street1: 2522 Chambers Road	Street2: S	Suite 101		O'ATE OLEA	ARING HOUSE		
* City: Tustin Cou	unty:			* State: CA: Californ	The state of the s		
Province:	* Country: JNIT	ED ST * ZIP / Po	stal Code: 92	780			
Person to be contacted on matters involving this applicated Prefix: * First Name: Tina * Phone Number: 714-697-9733 Factors 714-697-9733 714-697-9733 714-697-9735 714-697-9735 714-697-9735 714-697-9735 714-697-9735 714-697-9735 714-697-9735 714-697-9735	Middle Name:	4-460-8489	Zhen	st Name: ig Email: tzheng@silksoftwa	Suffix:		
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF A	APPLICANT:				
208639700		R: Small Business					
8. * TYPE OF APPLICATION: V New		Other (Specify):		11/1/11/201			
Resubmission Renewal Continuation	Revision	Women Ow		Il Business Organization Typ Socially and Ec	pe conomically Disadvantaged		
If Revision, mark appropriate box(es).		9. * NAME OF	FEDERAL AGE	NCY:			
A. Increase Award B. Decrease Award C. Inc	rease Duration	Chicago Servic	a Center				
D. Decrease Duration E. Other (specify)		10. CATALOG	OF FEDERAL	DOMESTIC ASSISTANCE	NUMBER:		
* Is this application being submitted to other agencies?	Yes No 🔽		31.049				
What other Agencies?		TITLE: Office	of Science Fina	ancial Assistance Program	·		
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	T:						
A Modeling Program for Electronic Devices in the Quant	um Limit			A made and a man of the state o			
12. * AREAS AFFECTED BY PROJECT (cities, counties Tustin, Orange County, California	s, states, etc.)		·*S				
13. PROPOSED PROJECT:		14. CONGRES	SIONAL DISTR	UCTS OF:			
* Start Date * Ending Date		a. * Applicant		b. * Project			
03/01/2008		48, CA		48, CA	The second of th		
15, PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: * First Name:	R CONTACT INF Middle Nama:	ORMATION	×lac	t Name:	Suffix:		
Xiaoguang	MIQUIE NAME.		Zhang		Guilly.		
Position/Title: Senior Research Staff	on Name: Oak F	Ridge National L	Laboratory				
Department:	Comp	outer Science &	Mathematics	A			
Street1: 1 Bethel Valley Rd							
" City: Oak Ridge Cou	inty:			* State: TN: Tennes			
Province:	Country: JNIT	ED ST • ZIP	Postal Code:	37830			

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING		17. " IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
a. * Total Estimated Project Funding	100,000.00	AVAILABLE	PPLICATION/APPLICATION WAS TO THE STATE EXECUTIVE OR FOR REVIEW ON:			
b. * Total Federal & Non-Federal Funds	100,000.00		FOR REVIEW ON.			
c. * Estimated Program Income	100,000.00	DATE: 11/21/2007				
		b. NO TO PROGRAM	IS NOT COVERED BY E.O. 1237	'2; OR		
		PROGRAM REVIEW	HAS NOT BEEN SELECTED BY	STATE FOR		
true, complete and accurate to the resulting terms if I accept an away criminal, civil, or administrative	18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) I agree *The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.					
19, Authorized Representative						
Prefix: First Name:	Middle Name:		* Last Name:	Suffix:		
Tina			Zheng			
* Position/Title: Executive VP	* Organizati	on: Silk Software Corp				
Department:	Division:					
* Street1: 2522 Chambers Road	Street2:	Suite 101				
* City: Tustin	County:		• State: CA: Californ			
Province:	* Country: JNIT	ED ST * ZIP / Postal C	ode: 92780			
* Phone Number: 714-697-0733	Fax Number:		* Email: tzheng@silksoftwere	∌.biz		
* Signature of Author	zed Representative		* Date Signed			
Completed on submis	sion to Grants.gov	Co	mpleted on submission to Grants.	gov		
20. Pre-application			Detels Attachme	int - View Attachment		
21. Attach an additional list of Proje	ct Congressional Districts if ne	eded.				
congressional dist.doc	Add Altachment		#EX	•		

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE	į	2. DATE SUBMITTED)	Applicant Iden	Version 7/03	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	BY STATE	State Application Identifier		
Construction	☑ Construction	4. DATE RECEIVED B	BY FEDERAL AGENCY	Federal Identi	fier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:			
City of Loyalton	DECI		Department:		-	
Organizational DUNS:	DECI	TIVED	Municipality Division:			
Address:	NOV 2	6 2007	Name and telephone	number of pe	erson to be contacted on matters	
Street:	1	0.2001	involving this applic	ation (give are		
P.O. Box 128	STATE CLEA	RING HOUSE	Prefix:	First Name: Raymond		
City: Loyalton		TOUGE	Middle Name Carl			
County: Sierra		7,7 - 10	Last Name Kruth			
State: California	Zip Code 96118	<u> </u>	Suffix:			
Country:	95118		Email:			
6. EMPLOYER IDENTIFICATION	N NIIMBER (EIN)		kruth@ecologic-eng. Phone Number (give a		Fax Number (give area code)	
			(775) 850-7146	irea code)	(775) 827-2316	
94-6000364 8. TYPE OF APPLICATION:		-	S 4 00 7 3010001 2 100 2001	ANT: (See bac	k of form for Application Types)	
☑ Nev	w 🔲 Continuation	n Revision	C. Municipal		11 27	
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es) of letters.)		Other (specify)			
Other (specify)			9. NAME OF FEDER USDA Rural Develop			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLI	CANT'S PROJECT:	
TITLE (Name of Program):			City of Loyalton 2007 Wastewater Collection, Treatment, and Effluent Disposal			
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):				
City of Loyalton, Sierra County,	CA					
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	AL DISTRICTS	OF: b. Project	
9/01/2008	03/15/2009		Ca's 4th Congression		Same as applicant	
15. ESTIMATED FUNDING:			ODDED 42272 DDOC	Eees	REVIEW BY STATE EXECUTIVE	
a. Federal \$	34	,592,000	a. Yes. THIS PR	EAPPLICATION	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
b. Applicant \$		12,000		S FOR REVIE		
c. State \$.00	DATE:	11/21/	2007	
d. Local \$.00	b. No. PROGRA	M IS NOT COV	/ERED BY E. O. 12372	
e. Other \$.00			OT BEEN SELECTED BY STATE	
f. Program Income \$.00	17. IS THE APPLICA		NT ON ANY FEDERAL DEBT?	
g. TOTAL \$.00	Yes If "Yes" attack	n an explanation	n. 🔽 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY C				
a. Authorized Representative Prefix	First Name		Middle	Name		
P 67 - 104 -	First Name Michael		0.46 (0.0) (0.0040.0)			
Last Name Hudson		_	Suffix			
b. Title Mayor	All ,		(530)	phone Number 993 - 6750	Control (1974) Island (1974)	
d. Signature of Authorized Regre	200 tative	e	e. Date	Signed - 0	7	
Previous Edition Usable Authorized for Local Reproduction	on	REC	CEIVED		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

MOV 15 2007

SORIJOS TION FOR						Varior 7/0
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	11/16	-07	Applica	Version 7/03 ant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	=1	State A	Application Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDER	RAL AGEN	CY Federa	RECEIVED
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					NOV 9 C 2007
Legal Name:	4 0			nizational l rtment:	Jnit:	NOV 2 6 2007
Floriston &	openy a	JUNETS HSEC	Divisi			STATE CLEARING HOUSE
Address. Street:						er of person to be contacted on matters give area code)
22211 Tamas	rack 5t		Prefix	" Me	First N	ame: Dain
city: Floriston	N. SOLIN		Middle	e Name	Carso	·\
County: Verbala			Last	Name (Jue,	
State: CA	Zip Code 96(()		Suffix	C.		
Country: (15 A			Email	I: OCAT	induce	eshcolobal net
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phon		lve area code	
94-1532762				7 232 :		538 582 0807
B. TYPE OF APPLICATION:		- F Devicies	7. TY	PE OF APP	PLICANT: (S	See back of form for Application Types)
If Revision, enter appropriate lett (See back of form for description	ter(s) in box(es)	n Revision	Other	(appoint)	\bigcirc	059.
(See pack of form for description	or letters.)		Other	(specify)	-	
Other (specify)			9. NA	ME OF FE	DERAL AGE	ncy. Develorment
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:				APPLICANT'S PROJECT:
10-763			80	placer	went	of astalatal
TITLE (Name of Program): 10-760			Ces	ates	mes	ins/service
12. AREAS AFFECTED BY PR		, States, etc.):	là	tere	15	/
13. PROPOSED PROJECT					ONAL DIST	
Start Date: 5/2009	Ending Date:	2000	а. Ар	plicant 20	nd	b. Project ZCNC
15. ESTIMATED FUNDING:				ER 12372 P	ROCESS?	ECT TO REVIEW BY STATE EXECUTIVE
a. Federal \$	538,50	2,3		THIS	PREAPPLI	CATION/APPLICATION WAS MADE THE STATE EXECUTIVE ORDER 12372
b. Applicant \$	860	00				REVIEW ON
c. State \$	09/0	,00	-	DAT	E:	
d. Local \$	Water the second	.00	b. No	. ITI PRO	GRAM IS NO	OT COVERED BY E. O. 12372
e. Other \$.00			ROGRAM H	HAS NOT BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS			INQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$	624,52	, 2	□ Ye	es If "Yes" a	ittach an exp	planation.
	WLEDGE AND BELIEF,	ALL DATA IN THIS APP				NARE TRUE AND CORRECT. THE PPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF				- LIONITI		
a. Authorized Representative Prefix	First Name			М	iddie Name	Carson
Last Name \$3	0)CeV		-	7	ıffix	
b. Title President EPOA.				c. Telephone Number (give area code)		
d. Signature of Authorized Repre	EROK esentrative	τ.		e.	Date Signed	
Previous Edition Usable	Vara					(L)(C) 7 Standard Form 424 (Pay 9-2003
Authorized for Local Reproduction	on					Prescribed by OMB Circular A-103

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED		Nicant Iden	Nicant Identifier		
SF 424 (R&R)	3. DATE RECE	EIVED BY STATE	State Applicati	ion Identifier		
1. * TYPE OF SUBMISSION	4. Federal Ide	ontifier	page 1	Commence of the Commence of th		
Pre-application Changed/Corrected Application	DE-FG02-05EF			RECEIVED		
5, APPLICANT INFORMATION		* Organizat	tional DUNS: 047120084	NOV 2 6 2007		
Legal Name: Regents of the University of California				ATTER OF CASHAG HOUSE		
Department: Office of Research	Division: Sp	ponsored Programs		STATE CLEARING HOUSE		
Street1: 1850 Research Park Drive	Stroct2: Su	Sulte 300				
* City: Davis Cour	unty: Yolo		- State: CA; Calif	fori		
Province	Country: JNITE	ED ST * ZIP / Postal Cod	de: 95618			
Person to be contacted on matters involving this applica	ilion					
Prefix: *First Name:	Middle Name:		* Last Name:	Suffix:		
Miss Suzanne			lwatate			
* Phone Number: 530-747-3912 Fa	ax Number: 530	0-747-3929	Email: vcresearch	@ucdavis.edu		
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. TYPE OF APPLICA	ANT:			
94-6036494		H: Public	c/State Controlled Institutio	on of Higher Education		
B. TYPE OF APPLICATION: New		Other (Specify):				
	Revision	Women Owned	Small Bualness Organiza	ation Type y and Economically Disadvantaged		
If Revision, mark appropriate box(es).		9. " NAME OF FEDERA	AL AGENCY:			
[, A. Increase Award 📑 B. Decrease Award 📋 C. Inc	rease Duration	Chicago Service Center	Γ			
D. Decrease Duration E. Other (specify):		10. CATALOG OF FEI	DERAL DOMESTIC ASSIS	TANCE NUMBER:		
* Is this application being submitted to other agencies?	Yes No 🗸	81.049				
What other Agencies?		TITLE: Office of Scien	nce Financial Assistance P	rogram		
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJEC						
Adding Reactivity to StructureKinetics of Oxygen-Isoto	pe Exchanges at	t Structural Sites in Nanc	ometer-Size Aqueous Mole	cules		
12. * AREAS AFFECTED BY PROJECT (cities, counties	s, states, etc.)					
13. PROPOSED PROJECT;		14. CONGRESSIONAL	DISTRICTS OF:			
* Start Date * Ending Date		a. * Applicant	b. ⁻ Proj	ject		
10/01/2008 09/20/2011		CA-001	CA-001			
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR	CONTACTINE	ORMATION		, , , ,		
Prefix: * First Name:	Middle Name:		* Last Name;	Suffix:		
Prof. William		10.00	Саѕеу			
Position/Title: Professor	* Organizatio	on Name: University of (California, Devis			
Department: Chemistry	Division:	Callege of Le	tters & Science			
* Street1: One Shields Avenue	Street2:	Suite 300				
* City: Davis Cour	inty: Yola		* State: CA: Calif	fori		
B		ED ST ZIP / Postal				
• Bhone Market Con Beat		-752-8995		ucdavis.edu		

OMB Number: 4040-0001

Expiration Date: 04/30/2008

Completed on submission to Grants.gov

21. Attach an additional list of Project Congressional Districts if needed.

20. Pre-application

Page 2 SF 424 (R&R) APPLICATION R FEDERAL ASSISTANCE 17. " IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 16. ESTIMATED PROJECT FUNDING ORDER 12372 PROCESS? a. YES 💹 THIS PREAPPLICATION/APPLICATION WAS MADE 477.D72.00 a. * Total Estimated Project Funding AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 477,072.00 b. * Total Federal & Non-Federal Funds DATE: 11/30/2008 c. * Estimated Program Income 0.00 b, NO | PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR 18. By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative panaltles. (U.S. Code, Title 18, Section 1001) ✓ ' lagrec The list of conflications and assurances, or an internet alte where you may obtain this list, is contained in the announcement or agency epecific instructions. 19. Authorized Representative * First Name: * Last Name: Suffix: Prefix: Middle Name: MB. Smith Bernadine * Position/Title: Contracts & Grants Officer Organization: Regents of the University of California Department: Sponsored Programs Office of Research Division: * Street1: 1850 Research Park Drive Street2: Suite 300 * City: Davis County: Yolo State: CA; Californ Province: " Country: JNITED ST ZIP / Postal Code; 95618 * Phone Number: |530-747-3908 Fax Number: 530-747-3929 ■ Email: vcresearch@ucdavis.edu Signature of Authorized Representative * Date Signed

Detata Alternant View Alternant

OMB Number: 4040-0001

View Attachment

Expiration Date: 04/30/2008

Completed on submission to Grants.gov

Calete Attachment,

Applicat on for	Federal Assis	tance SF-424	Version 02		
• 1. Type o Submiss	sion:	* 2. Type of Application:	If Revision, select appropriate letter(s):		
Preapplication		✓ New			
Application		Continuation •	Other (Specify)		
Change 1/Correcte	ad Application	Revision			
*3. Date R aceived:		4. Applicant Identifier.			
Completed by Grants.gov	upon submission.				
5a. Federa Entity Ide	entifier:		*5b. Federal Award Identifier.		
R9 Tracking #07	7-416				
State Use ()nly:					
6. Date Received by	State:	7. State Application	Identifier:		
8. APPLIC INT INFO	RMATION:	_			
a. Legal Hame:	ounty of Orang	e Health Care Agency			
b. Employer/Taxpay	er Identification Nu	umber (EIN/TIN):	c. Organizational DUNS:		
95-6000 328			024156155		
d. Address:					
Street1:	1241 E. Dyei	Road, Suite 120	1.00		
Street2:					
* City:	Santa Ana				
County:	Orange				
* State:	CA		41887		
Province					
Country:	USA				
* Zip / Pos.al Code:	92705				
e. Organi.:ational U	Init:				
Department Name:			Division Name:		
Health Care Ag	gency		Environmental Health		
f. Name and contac	t information of p	person to be contacted on m	latters involving this application:		
Prefix: Mr.		• First Name	Richard		
Middle Name:					
* Last Name: San	chez				
Suffix:			i		
Title: Director of	f Environment	al Health			
Organizational Affiliat	tion:				
* Telephona Number:	(714) 433-6	471	Fax Number: (714) 751-1732		
• Email: risanch	ez@ochca.cor	n			

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
В	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	DEOF
	RECEIVED
* Other (sp.):	NOV 2 8 2007
	2 0 2001
*10. Nam: of Federal Agency:	STATE CLEARING HOUSE
Environmental Protection Agency Region 9	
11. Catalog of Federal Domestic Assistance Number:	
66.802	
CFDA Title	
Superfund Site Specific Cooperative Agreements	
* 12. Fund ng Opportunity Number:	
EPA-R9-07-416	
*Title:	
Palos Verdes Shelf Institutional Controls Program - White Croaker Mark Program	et Inspection
13. Composition Identification Number:	
· ·	
Title:	
·	
14. Areas Affected by Project (Cities, Countles, States, etc.):	
County of Orange	
County of Orange	
* 15. Desc Iptive Title of Applicant's Project:	
Palos Verdes Shelf Institutional Controls Program - White Croaker Mark Program	et Inspection
Attach supporting documents as specified in agency Instructions.	***
Add Atta innents Delete Attachments View Attachments	

Application for E	ederal Assistance SF-424				/ersion 02	
Application for I	ederal Assistance St -124		l			
16. Congressional Di	stricts Of:		1	,,		
a. Applicant CA-04	1,44,46,47.48		• b. Program/Project	ZA-040,44,46,47,48		
Attach an a dillonal ils	of Program/Project Congressional	Districts if needed.	<u> </u>			
	Add:Attachm	Dowle Attachm	ens Mew Atteanment			
17. Proposed Project	;		į			
*a. Start D ate: 12/0	11/07		b. End Date:	11/30/10		
18. Estima ad Fundir	g (\$):		:			
• a. Federa	\$43,96	7.00				
• b. Applicant			•			
* c. State			:			
d. Local			,			
₹e. Other						
*f. Program Income			1			
g. TOTAL	\$43,96	87.00				
b. Program is subje	was made available to the State undict to E.O. 12372 but has not been so overed by E.O. 12372. Delinquent On Any Federal Debt*	elected by the State for	review.	11/28/07		
☐ Yes	nonanongkij		:			
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulout statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.						
Authorize 1 Represer	tative:			**************************************		
Prefix: Mr.	-	First Name: Richar	d			
Middle Name:						
Last Nan e: San	chez				•	
Suffix:						
• Title: [1)irector o	Environmental Health	- And				
Telephons Number:	(714) 433-6471		Fax Number: (714) 754	1732		
• Email: risanche	z@ochca.com	-1.1	,			
Signature of Authoriz	ed Representative: RDM	San	• Date Signed: U.	28/07		
Authorized for Local Br				t to the state of		

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

11/27/2007 10:23 FAX 16507011741		POTTER DRILLI	NG 42 002	2
APP LICATION FOR FEDERAL ASSIST HE	2. DATE SUBI	MITTED	Applicant Identifier	-
	11/26/2007	~ · · · · · · · · · · · · · · · · · · ·	- 10	
SF 424 (R&R)	3. DATE RECEIVED BY STATE 11/26/2007		State Application Identifier RECEIVE	ED-
1. * TYPE OF SUBMISSION	4. Federal Ide	entifier		77
Pre-application ✓ Application Changed/Corrected Application	4. Federal las] NOV 2 7 20) /
5. APPLICANT INFORMATION		* Organizatio	nal DUNS: 786341030E CLEARING	HOUSE
* Legal Name: Potter Drilling, LLC		_		1111
Department:	Division:		1	
* Street1: 15 Stein Am Rhein Court	Street2:			
* City: Redwood City	ounty: San Mateo	County	* State: CA: Califor	
Province:	* Country: JNITI	ED S1 * ZIP / Postal Code	94063	
Person to be contacted on matters involving this appli	cation		Name of the Control o	
Prefix: *First Name:	Middle Name:		* Last Name:	Suffix:
Mr, Jared	M.	16 tj g-	Potter	PhD
* Phone Number: 650-701-1737	Fax Number: 650	0-701-1741	Email: jared@potterdrilling.com	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):	A. C. AMADIANI PARA PARA PARA PARA PARA PARA PARA PAR	7. * TYPE OF APPLICAN	IT:	
68-0585082			R: Small Business	
O TANDE OF ADDI ICATION. (7) Now.		Other (Specify):		
8. * TYPE OF APPLICATION: Wew Resubmission Renewal Continuation	Revision	☐ Women Owned	Small Business Organization Type Socially and Economically	/ Disadvanlaged
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL	AGENCY:	
A. Increase Award B. Decrease Award C. I	ncrease Duration	Chicago Service Center		
D. Decrease Duration E. Other (specify)		10. CATALOG OF FEDE	RAL DOMESTIC ASSISTANCE NUMBER	:
* Is this application being submitted to other agencies	Yes No	81.049		
What other Agencies?		TITLE: Office of Science	e Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJ	ECT:			
Non-Rotating Drilling for Geothermal Energy Developm	ent			
12. * AREAS AFFECTED BY PROJECT (cities, coun California	ties, states, etc.)			-
13. PROPOSED PROJECT:		14. CONGRESSIONAL D	DISTRICTS OF:	•
* Start Date * Ending Date		a. * Applicant	b. * Project	
06/19/2008 03/18/2009		8th	8th	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO		ORMATION	l and Name	C. Æ.
Prefix: * First Name: Or. Jared	Middle Name:		* Last Name: Potter	Suffix:
Position/Title: General Manager	• Organizatio			<u> </u>
Department:	Division:	- Charles Brinning, 1		
* Street1: 15 Stein Am Rhein Court	Street2:			
1:	ounty: San Mated	County	* State: CA; Califor	
, ,			1	
Province: 650-701-1737	* Country: JNIT			
Fright Number: 1050-/01-1/3/	Fax Number: 650	-/U1-1/A1	* Email: iared@potterdrilling.com	

SF424_ Congressional District Reps.pdf

SF 424 (R&R) APPLI	CATI OR FEDERAL AS	SISTANCE			Page 2	
16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
a. * Total Estimated Project Funding b. * Total Federal & Non-Federal Funds c. * Estimated Program Income	0.00	AVAILA PROCE DATE: 11/27/2007 b. NO PROGE	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 11/27/2007 b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) *I agree * The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.						
19. Authorized Representative Prefix: * First Name: Mr. Jared	Middle Name:		* Last Name:		Suffix:	
Position/Title: Manager	• Organiza	ation: Potter Drilling, L	LC			
Department:	Division:		27. 17			
* Street1: 15 Stein Am Rhein Co	urt Street2:					
* City: Redwood City	County: San Mate	eo Counly	* State:	CA: Califori		
Province:	* Country: JNI	ITED S1 ZIP / Pos	stal Code: 94063			
* Phone Number: 650-701-1737	Fax Number: 650	0-701-1741	* Email: ja	red@potterdrilling.com		
Signature of Author Completed on submit	50			e Signed mission to Grants.gov		
20. Pre-application	1 1000-00-21		Add Attachment			
21. Attach an additional list of Proje	ct Congressional Districts if	noorled				

Delete Attachment View Attachment

